

DMH Satisfaction Survey Results

Consumer Satisfaction - 2002

Comprehensive Psychiatric Services

Community Services Family

Who Completed the Forms

One question on the survey asked who completed the family survey form.

The following table describes who completed the forms for people served by the Division of Comprehensive Psychiatric Services.

	CPRC Consumer Family Form	Child/Adolescent Family Form
Mother	68 (39.8%)	379 (70.6%)
Father	10 (5.8%)	31 (5.8%)
Guardian	22 (12.9%)	60 (11.2%)
Spouse	29 (17.0%)	-
Other	42 (24.6%)	67 (12.5%)

Sample Size

Information is based on the number of returned forms and the number of people served according to DMH billing records.

	Number Forms Sent	Number Forms Returned	Percent of Forms Sent Returned
Total Family Members	6436	754	11.7%
CPRC Adult Family Member	1951	186	9.5%
Child/Adolescent Family Member	4485	568	12.7%

Demographics of Family Member Receiving Services

Person completing form provided demographics of their family member receiving services.

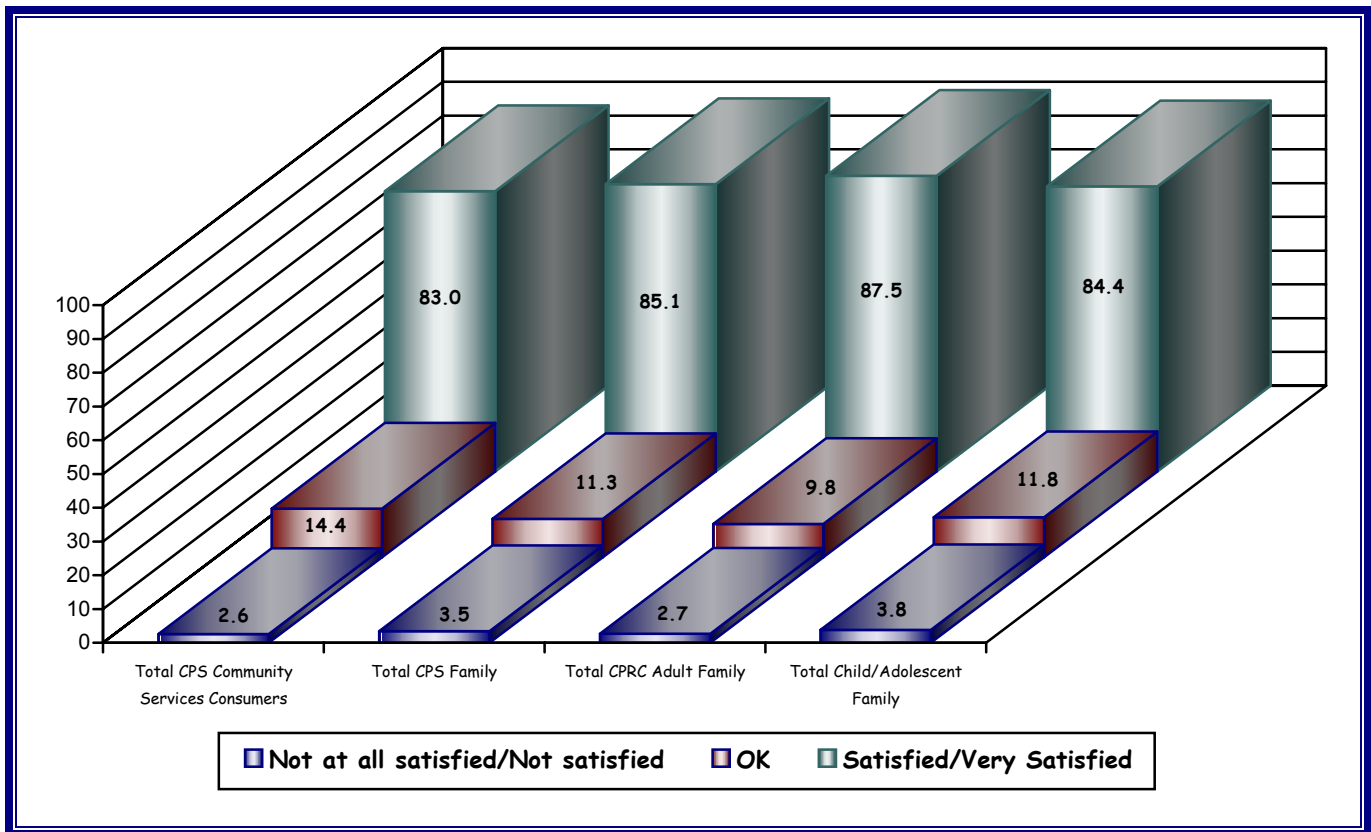
		Total Consumers	Total CPS Families	CPRC Family Member	Child/Adolescent Family Member
SEX	Male	19.0%	59.7%	50.3%	62.8%
	Female	81.0%	40.3%	49.7%	37.2%
RACE	White	76.6%	86.1%	91.2%	84.5%
	Black	22.6%	6.6%	6.0%	6.8%
	Hispanic	0%	1.9%	0.5%	2.3%
	Native American	0.8%	0.9%	0%	1.3%
	Pacific Islander	0%	0%	0%	0%
	Alaskan	0%	0%	0%	0%
	Oriental	0%	0.1%	0.5%	0%
	Bi-racial	0%	3.9%	1.1%	4.8%
	Other	0%	0.4%	0.5%	0.4%
MEAN AGE		42.61	18.83	41.61	11.48
	0-17	7.4%	77.8%	11.2%	99.3%
	18-49	64.5%	14.9%	58.7%	0.7%
	50+	28.1%	7.4%	30.2%	0%

Is Your Family Member's Life Better

One question on the family member survey addressed the issue of whether or not their family member's life has improved because of the services received. The following table shows the results of this question.

Is your family member's life "better" now than before s/he began receiving services?	Yes	No	Unsure
Total CPS Family	510 (71.8%)	30 (4.2%)	170 (23.9%)
Total Non-CPRC Adult Family	148 (87.1%)	6 (3.5%)	16 (9.4%)
Total Child/Adolescent Family	362 (67.0%)	24 (4.4%)	154 (28.5%)

Overall Satisfaction with Services



Program Satisfaction: Percent of responses to the question "How satisfied are you with the services you receive?"

Some of the key findings were:

- Statewide, 85.1% of family members of consumers served by the Division of Comprehensive Psychiatric Services (CPS), were "satisfied" or "very satisfied" with services.
- The CPRC Adult program family members rated services higher than the Child/Adolescent family members of the (means of 87.5% and 84.4%, respectively).

Satisfaction with Services

How satisfied are you . . .	Total Consumers	Total Families	CPRC Family Member	Child/ Adolescent Family Member
with the staff who serve your family member?	4.37 (5293)	4.44 (739)	4.50 (185)	4.42 (554)
with how much your family member's staff know about how to get things done?	4.28 (5227)	4.30 (736)	4.39 (185)	4.28 (551)
with how your family member's staff keep things about his/her life confidential?	4.42 (5225)	4.55 (728)	4.60 (183)	4.53 (545)
that your family member's treatment plan has what he/she wants in it?	4.25 (5203)	4.28 (714)	4.35 (181)	4.26 (533)
that your family member's treatment plan is being followed by those who assist him/her?	4.31 (5171)	4.33 (719)	4.34 (184)	4.32 (535)
that the agency staff respect your family member's ethnic and cultural background?	4.42 (5005)	4.53 (696)	4.57 (173)	4.52 (523)
with the services that your family member receives?	4.36 (5210)	4.37 (734)	4.46 (184)	4.33 (550)
that services are provided for your family member in a timely manner?	4.29 (5244)	4.32 (735)	4.37 (183)	4.30 (552)
The first number represents a mean rating. Scale: 1=Not at all satisfied . . . 5=Very satisfied. The number in parentheses represents the number responding to this item.				

Some of the key findings were:

- **Statewide, family members of consumers served by the Division of Comprehensive Psychiatric Services, reported that they were satisfied with services. All ratings were at least a mean of 4.00 ("satisfied").**
- **The families of children/adolescents served by the Division of Comprehensive Psychiatric Services were more satisfied with services than their children (family mean of 4.33 and children mean of 4.22, see Section XVI Page 4).**
- **Family members were most satisfied with confidentiality (mean 4.55) and least satisfied with the content of the treatment plan (mean of 4.28).**

Satisfaction with Quality of Life

How satisfied are you . . .	Total Consumers	Total Families	CPRC Family Member	Child/ Adolescent Family Member
with how your family member spends his/her day?	3.49 (5214)	3.51 (651)	3.52 (182)	3.50 (469)
with where your family member lives?	3.70 (5185)	4.18 (647)	4.29 (181)	4.14 (466)
with the amount of choices your family member has in his/her life?	3.47 (5192)	3.73 (650)	3.76 (182)	3.72 (468)
with the opportunities/chances your family member has to make friends?	3.55 (5175)	3.53 (655)	3.60 (182)	3.51 (473)
with your family member's general health care?	3.74 (5140)	4.06 (655)	4.01 (180)	4.08 (475)
with what your family member does during his/her free time?	3.54 (5170)	3.35 (651)	3.41 (180)	3.33 (471)
How safe do you feel . . .				
your family member is in his/her home?	4.04 (5187)	4.40 (665)	4.36 (182)	4.41 (483)
your family member is in his/her neighborhood?	3.89 (5133)	4.08 (663)	4.25 (182)	4.02 (481)
<p>The first number represents a mean rating. Scale: (how satisfied are you...): 1=Not at all satisfied . . . 5=Very satisfied. Scale: (how safe do you feel...): 1=Not at all safe . . . 5=Very safe. The number in parentheses represents the number responding to this item.</p>				

Some of the key findings were:

- The family member's responses to the quality of life questions indicated less satisfaction than their answers pertaining to satisfaction with services.
- Family members were most satisfied with safety in the home (mean of 4.40) and least satisfied with what their family member does during his/her free time (mean of 3.35).

Services Received

Families were asked to check the services their child or adolescent received. The following table presents these services. Approximately 38.2% of the family members received medications (dropping from 44.5% in 2001) and over one-fourth (28.4%) received outpatient therapy.

Service	Number/Percent Receiving Services
CSTAR	7 (0.9%)
Treatment family home	37 (4.9%)
Intensive targeted case management	80 (10.6%)
Family First	83 (11.0%)
Extended Families First	12 (1.6%)
Psychiatric inpatient	85 (11.3%)
Residential placement	45 (6.0%)
Respite	44 (5.8%)
Crisis intervention	52 (6.9%)
Wraparound plan	23 (3.1%)
Family assistance	60 (8.0%)
Outpatient evaluation	97 (12.9%)
Outpatient therapy	214 (28.4%)
Day treatment	27 (3.6%)
Medication	288 (38.2%)
503 Services	1 (0.1%)

CPS Family Subjective Responses

What was Liked Best About the Program:

Families reported many benefits from the services received by their family members from Comprehensive Psychiatric Services. These responses have been summarized herein.

Case Worker:

Individuals receiving services through Comprehensive Psychiatric Rehabilitation indicated that there were many things that they liked about the services they received. One of the things that many of the family members of individuals served liked best about the services was the interaction with the Case Worker. Comments like, *The Case worker and DMH helps me out a lot, I appreciate the case worker and the home visits, His CSW spends quality time with him and this really helps him and my son's caseworkers and counselor have been wonderful*, illustrate this point. In some cases many respondents to the survey simply stated that *the caseworker and csw services* were what they liked best about the services they received.

Changes in behavior

Many respondents to the survey indicated that they liked the changes they were seeing in their family members behavior as a result of the services they were receiving. Some of the statements made by families showed that in many cases they found it easier to live with the family member who was receiving services, *She is easier to live with. Not so nervous all the time.* Other family members had similar things to say, *he's much more respectful and so polite, It is helping her to have more confidence and to understand her illness better, and he's much nicer to have around since he's been seeing a counselor.*

Overall Support

Some of the respondents to the survey had a number of comments about the overall services and supports they were receiving. Some expressed their appreciation for the safe place in which their family member received services, *The safety and basic care she receives.* Others commented on how the supports made the individual in their life feel better about themselves, *They help my wife feel a lot better with her self.* Other respondents wrote that they liked, *Being able to call someone in time of need* and that by receiving services through CPS their family member, *gets medication if needed.*

Activities

When asked what they liked best about the services they received many family members indicated that they liked that fact that the individuals served had activities to engage in both in the community and within the treatment program. One person shared that they liked that *He gets to go places in St. Louis for entertainment. He has out door activities (picnics).* Another individual talked about how their family member enjoyed the singing session and craft class, *At the club house she attends, she enjoys the volunteers that come in for a singing session on Mondays as well as the craft class.* One family member indicated that they liked the opportunities that were available for the individual served to do meaningful activities, *It seems like they offer her opportunities to pursue various programs if she really wants to do something constructive.*

Friends

Some respondents to the survey indicated that they were pleased with the fact that their family member had opportunities to make some friends, *She is making a friend-she is not just sitting around any more.* Other statements about building relationships and making friends were as follows: *she has the opportunity to make friends, she has better friends now, I'm glad she's made some new friends*

What Could Be Improved:

The family members made some suggestions for the improvement of the program. For some families, the services were good just as they are *he's already getting the best services possible*. Some families expressed their gratitude for the services received. Illustrative of their recommendations include the following:

Case Worker

Family members of individuals receiving services also commented on things they felt needed improving. One of those areas was Case Workers. Several family members discussed concerns they had with the caseworker they dealt with regularly. Some family members wanted to be able to see their case worker more often, *A lot of the times her case manager doesn't stay very long or doesn't come at all I would like to see some improvement in this area*. Another concern with Case Workers was a families inability to reach the case worker when they need them, *Need to be able to talk to a caseworker quickly in crisis situation - to talk to someone who knows and understands my history, Our second caseworker was not easy to reach and charged visits to Medicaid that never occurred and Have CSW on call when possible (weekends)*.

Crisis Situations

When asked what they thought could be improved about the services they were receiving many respondents commented on problems that occurred when they were in crisis. Many family members indicated that they were not satisfied with the after hour services they received. One individual described their experience in this way, *Mentally ill people get into a crisis situation they need immediate help. When we called last April, this one had to contact that one and 3 hours later my brother was admitted to Southeast Mental Health Center because it took your agency too long to help*. Other respondents offered suggestions of how to improve the crisis line/after hour services. Some of the suggestions were as follows, *Need more people from west plains to work on the crisis line, Case worker calls if spouse calls hot line, Crisis worker that could come to home to help intervene instead of just calling 911 for me. I can call 911 myself, Have people with skills to help people with crisis and Crisis line could be better organized and it would be helpful if they talked with parent father than the child involved*. Another individual thought it would be helpful if the people operating the after hours crisis line had some basic information about the individuals receiving services so they could better assist people when they called the after hours crisis line. *After hours crisis services were not informed about patient and did not do anything when advised that there was a crisis plan in place. DMH crisis plan failed which caused psychiatric hospitalization and further trauma to child*.

Medication

Medication was an area in which some family members saw a need for improvement. Many of the concerns regarding medication had to do with the inability to contact a doctor after hours or on weekends, *Wish we could speak to doctor on weekend when we are having problems with meds and I would just like to be able to reach the dr. after hours*. Another issue that was mentioned several times was the problem of appointments being canceled. Some family members shared their frustration with getting prescriptions in a timely manner if a monthly appointment is canceled. One individual expressed this concern clearly in the following statement; *I have a concern about my brother's medicine. Often times his next appointment is exactly on the 30th day of the prescription. I something would happen to the doctor's appointment he would be out of medicine - a crisis*.

Activities:

When asked how services could be improved some family members expressed a desire to see more activities happening for the person served. Types of activities suggested were crafts, community outings, recreational opportunities, cooking and so on. Some family members were not explicit of the types of activities they would like to see happening but simply made generalizing statements like the following, *Get them something to do!!*, *Something to do during the day that is productive!*, *I think they need more activities for the group to do*, *Better activities at the center she attends*, and *It would be good if there were activities for him to participate in*. Some of the suggestions for the types of activities to engage individuals in were, *More outings*, *crafts*, *usage of skills she already has cooking dancing, etc.*, and *More community involvement*.

Living Conditions:

Some family members saw a need for improvement in the residential settings individuals lived in. Family members suggested that some type of inspection be done to identify certain problems they believed were concerning in the residential settings. One family member suggest that there be, *more direct checking into everyday living conditions in the apt (this family member lives in a supervised apartment program) - particularly food condition of refrigerator, shelf food, etc.* Another family member suggested that someone, *could do more to check his apartment clothes refrigerator etc.*

Supports:

When asked how services could be improved many family members indicated that they would like to receive some other types of supports. Some examples family members gave were supports like respite, social skills instruction, job readiness, and self-esteem issues. One family had this to say about their desire to receive more respite services than they were currently being offered, *Our family could use more respite time to have a more stable life. We have never had a vacation because my respite is used for grocery shopping or doctors visits.* Another family member believed their daughter could benefit from some in-home assistance, *My daughter needs in home assistance to help her learn everyday living skills and more social activities to become more independent from me.* Another respondent to the survey made a similar comment, *I wish my son could attend a group on basic life skills like job interview skills, personal appearance, self-esteem issues.* Other family members who responded to the survey were not as explicit with their requests for more types of support and services. Some individuals simply wrote, *More or different types of services and more therapy.*

Canceled Appointments:

An area of concern that many families believed needed improvement was the number of times appointments get canceled. Many respondents to the survey expressed their frustration with appointments getting changed with little or no notice. *Sometimes appt's are changed without enough notice. This can get frustrating. We are understanding but sometimes we have other plans.* When appointments are cancelled this leads to other problems for families. *They are horrible about canceling appointments and they won't call in medicines. So I make my appointment with plenty of time to get the medications for the following month and then they cancel but won't order them over the phone and so we are in crisis because we run out of meds and it's there fault for canceling -sometimes a couple times.* One statement that sums up many of the comments made by other family members states, *when appointments are made they should be honored.*

Hours of service:

The difficulty of making appointments and getting family members to appointments was an issue of concern for many people. Several respondents to the survey expressed a desire to see the services offered their family member be available during different hours. Some suggested that counselors, and social workers, *work later in the day*, or that some organizations, *be open later*. One respondent suggested that the organization they received services from *have hours after school*.